Diagon	type_9	-1	.:	inaida	.	L	l ı
ricase	type•α	pius	aign	monde	uns	OO X	Ŧ

with Initial

Filing

PTO/SB/01 (12/97)

Approved	ise through 09/30/00	, OMB 0651-0032

:	#	3-	H
,			

٠ .	~
	DECLARATION FOR UTILITY OR
PE	DESIGN
Z/L E	PATENT APPLICATION
Ο,	
JUL 05	2
200	. 3 /

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16(e))

required)

Attorney Docket Number 04645.0862

First Named Inventor Frysz et al.

COMPLETE IF KNOWN

Application Number 09/847,678

Filing Date 05/02/2001

Group Art Unit 1745

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
Mismatched Compression C	lass-To-Metal S	eal								
the specification of which is attached hereto OR										
was filed on (MM/	was filed on (MM/DD/YYYY) 05/02/2001 as United States Application Number or PCT International									
Application Number 09	/847,678	and	was amended on (MM/D	D/YYYY)		(if applicable).				
by any amendment specifica	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.									
I hereby claim foreign prior certificate, or 365(a) of any America, listed below and h certificate, or of any PCT in	PCT internation ave also identifi	al applic ed below	ation which designated at l, by checking the box, any	east one correction a	ountry other the pplication for p	an the United States of patent or inventor's				
Prior Foreign Application (Numbers)	Countr	у	Foreign Filing Date (MM/DD/YYYY)		Priority t Claimed	Certified Copy Attached? YES NO				
-										
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.										
I hereby claim the benefit u	nder 35 U.S.C.	119(e) of	any United States provision	onal applic	ation(s) listed b	pelow.				
Application Number(s) Filing Date (MM/DD/YYYY)										
05/04/2000					num supp	itional provisional application bers are listed on a lemental priority data sheet //SB/02B attached hereto.				

DECLAR FION - Utility or Design Pates Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number						t Filing Date DD/YYYY)	- 1	Parent Patent ! (if applical		
					····			ta sheet PTO/SB/02		
	nventor, I hereby ted therewith:	appoint the	following	registered practiti	ioner(s) to pro	osecute thi	s application ar	nd to transact all bus	siness in the Patent a	nd Trademark
☐ Customer	OR							\rightarrow	Num	ce Customer ber Bar Code abel Here
Registered	l practitioner's n	ame/registra	tion numbe	r listed below		<u> </u>		· 		
	Name			Registra Numb			N:	ame		gistration Iumber
Michael F. Scalise 34,920 Ranjana Kadle 40,041 Martin G. Linihan 24,926 Kevin D. McCarthy 35,278 David L. Principe 39,336					R. Kent Roberts John M. Del Vecchio Patrick J. Tracy Daniel C. Oliverio Edwin T. Bean, Jr. 40,786 42,475 42,187 33,435 16,639			5 7 5		
□Additional	registered practi	tioner(s) nar	ned on supp	olemental Registe	red Practition	ner Inform	ation sheet PTC	D/SB/02C attached l	hereto	
Direct all	correspondence	ce to:		er Number Code Label			OR	■ Corre	espondence addre	ess below
Name	MICHAEL	F. SCAL	ISE							
Address	Hodgson Ru	iss LLP							· · · · · · · · · · · · · · · · · · ·	
Address	One M&T I	Plaza, Sui	te 2000							
City	Buffalo		-		State	N	ew York	ZIP	14203-2391	
Country	United State	es	Telepho	one	(716) 856	5-4000		Fax	(716) 849-03	49
further that th	nese statements v	vere made w	ith the kno	wledge that willfi	ıl false staten	nents and	he like so made	on information and e are punishable by atent issued thereon	belief are believed of fine or imprisonmer	to be true; and at, or both, under
Name of S	Sole or First	Inventor:			☐ A pet	ition has	been filed	for this unsigned	l inventor	
	Given Nan			e [if any])				Family Name	or Surname	
Christine A	A .		*			Frysz				
Inventor's Christine a Luys Date 6/11/c						6/11/0/				
				cticut	Country	USA	Citizenship	USA		
	e Address		Bear Hi			<u>.</u>	L		<u>.</u>	<u> </u>
· · · · · · · · · · · · · · · · · · ·	e Address									
City				Connec	cticut	ZIP	06776	Country	USA	
		inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.								

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Jo	int Inventor, if any:		[□ A pet	ition has bee	en filed for this u	nsigned invento	or
Given Nar	Given Name (first and middle [if any]) Family Name					or Surname		
Harvey A.				Hornu	ıng II			
Inventor's Signature	Haway	1. Her	wej	T.			5-3-01 Date	
Residence: City	Clarence	State	New Y	ork	Country	USA	Citizenship	USA
Post Office Address	4470 Shimerville Road	l						
Post Office Address								
City	Clarence	State	New Y	ork	ZIP	14731	Country	USA
Name of Additional Jo	int Inventor, if any:			☐ A pet	ition has bee	n filed for this u	nsigned invento	r
Given Nan	ne (first and middle [if a	ny])				Family Name of	r Surname	
Joseph M.				Prinzt	ach			
Inventor's Signature	Josep U. C	Pil	u,				Date	03 May 01
Residence: City	North Tonawanda	State	New Y	ork	Country	USA	Citizenship	USA
Post Office Address	278 Shartle Place							
Post Office Address								
City	North Tonawanda	State	New Yo	ork	ZIP	14120	Country	USA
Name of Additional Jo	int Inventor, if any:			☐ A peti	tion has bee	n filed for this u	nsigned invento	r
Given Nam	ne (first and middle [if an	ny])				Family Name o	r Surname	
Inventor's Signature	Date							
Residence: City	State				Country		Citizenship	
Post Office Address								
Post Office Address	ddress							
City	State ZIP Country							